

**BEFORE THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS
IN MEDICINE AND SURGERY**

IN THE MATTER OF:)	Case Nos.: DO-15-0118A,
)	DO15-0228A & DO-16-0068A
William Curtis Stonecipher, D.O.)	
)	CONSENT AGREEMENT FOR
Holder of License No. 0468 for the practice of)	VOLUNTARY SURRENDER OF
osteopathic medicine in the State of Arizona)	LICENSE TO PRACTICE
)	OSTEOPATHIC MEDICINE

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Board of Osteopathic Examiners in Medicine and Surgery ("Board") and William Curtis Stonecipher, D.O. ("Respondent"), the parties agree to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter and has done so or chooses not to do so.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent or in any decision relating to whether to approve future licensing applications submitted by Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver, express

1 or implied, of the Board's statutory authority or jurisdiction. The acceptance of this Consent
2 Agreement does not preclude any other agency, subdivision or officer of this State from
3 instituting other civil or criminal proceedings with respect to the conduct that is the subject of
4 this Consent Agreement.

5 6. All admissions, if any, made by Respondent are solely for final disposition of
6 this matter and any subsequent administrative proceedings or litigation involving the Board,
7 Respondent and the state of Arizona; and, therefore, any admissions by Respondent are not
8 intended for any other purpose or administrative regulatory proceeding or litigation in another
9 state or federal court.

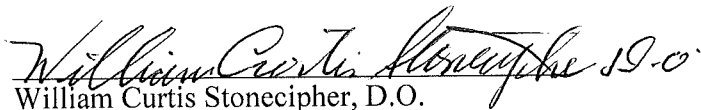
10 7. Upon signing this agreement, and returning this document (or a copy thereof) to
11 the Board's Executive Director, Respondent may not revoke the acceptance of the Consent
12 Agreement. Respondent may not make any modifications to the document. Any modifications
13 to this original document are ineffective and void unless mutually approved by the parties.

14 8. If the Board does not adopt this Consent Agreement, Respondent shall not assert
15 as a defense that the Board's consideration of this Consent Agreement constitutes bias,
16 prejudice, prejudgment or other similar defense.

17 9. This Consent Agreement, once approved and signed, is a public record that will
18 be publicly disseminated as a formal action of the Board and will be reported to the National
19 Practitioner Data Bank and to the Board's website.

20 10. If any part of the Consent Agreement is later declared void or otherwise
21 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and
22 effect.

23 REVIEWED AND ACCEPTED THIS 2 DAY OF November 2016.

24
25 
William Curtis Stonecipher, D.O.

1
2 **JURISDICTIONAL STATEMENTS**

3 1. The Board is empowered, pursuant to A.R.S. § 32-1800, *et seq.*, to regulate the
4 licensing and practice of osteopathic medicine in the state of Arizona.

5 2. Respondent holds license no. 0468 issued by the Board to practice as an
6 osteopathic physician.

7 **FINDINGS OF FACT**

8 **Case No. DO 15-0118A**

9 3. A physician filed a complaint with the Board against Respondent alleging that he
10 inappropriately prescribed medication to a patient with a known history of physical dependence.

11 4. The matter involves patient E.K.G., a 35 year old female, who was first seen by
12 Respondent on October 2, 2014 to become established as a new patient. Her stated current
13 medications were Soma three times per day. Her past medical history was significant for
14 chronic neck and shoulder pain due to an MVA in September of 2014. A full history and
15 physical was performed and the patient was diagnosed with a whiplash cervical injury and head
trauma.

16 5. Respondent prescribed E.K.G. oxycodone 15mg four times per day #30 and
17 Soma three times per day #30. She was asked to return in one week. A UDS performed that
18 day was positive for Soma, Restoril, Serax, Klonopin and oxycodone which was inconsistent
with the patient's stated medication of Soma.

19 6. The patient returned on October 22, 2014, complaining of insomnia. The
20 inconsistent UDS was not discussed. A physical exam was completed and Respondent
21 prescribed Klonopin 330, oxycodone 30mg #30, Soma #30, Ultram 50mg #30 and Restoril
22 15mg #30.

23 7. The patient returned on November 24, 2014, for refills of her medications. She
24 was complaining of nausea, bodyaches, cough, fever and diarrhea. She noted she would be
25 unable to leave a UA due to heavy diarrhea. Her medications were refilled and she was started
on Tamiflu.

8. The patient returned on December 24, 2014, for refills of her medications. She complained of continued problems with insomnia. Respondent prescribed Lunesta 2mg #30 and Xanax 0.5mg #30.

9. The patient returned on January 19, 2015, for refills. The Klonopin, Xanax, oxycodone and Soma were refilled by Respondent.

10. There was documentation of a phone call on February 4, 2015. It was noted that Respondent had written for Klonopin 1mg #90 but the pharmacy did not have them so they gave her Klonopin 2mg and instructed her to cut them in half so they only gave her #45.

11. Respondent did not request or review the patient's previous medical records nor did he take x-rays or perform other diagnostic testing.

12. The patient's UDS at the time of her first visit was inconsistent with her stated medications and Respondent failed to address that issue with her.

13. Respondent did not enter into a controlled substance agreement with patient nor did he perform a pharmacy audit.

Case No. DO 15-0228A

Patient K.B.

14. Patient K.B. (DOB 11/24/1963), a then 51 year old male, had been seen by Respondent for several years but the medical records sent only date back to January of 2016. The patient had multiple medical problems, including hyperlipidemia, hypertension, restless leg syndrome, neuropathy, GERD, arthritis, back pain, left knee pain and chronic pain syndrome. At the time of the first reported visit the patient was already on oxycodone, Ativan, phentermine and Xanax. The patient was continued on these medications and treated for his other medical problems. The dose of each medication was documented but the number of pills was not documented.

15. In August of 2015, the patient reported he had been in a rehabilitation facility in California for alcohol and substance abuse. They had taken him off all controlled substances and alcohol. He had been diagnosed with bipolar disorder and started on Wellbutrin and Lamotrigine (Lamictal).

16. In December of 2015, the patient noted he was having a difficult time stopping the alcohol and had used Valium in the past. He noted he had tried AA but it was not helping him. He admitted to drinking 75M (?) vodka per day. Respondent advised he may try weaning

1 slowly and may try leaving some alcohol in the bottle each day. Respondent prescribed Valium
2 10mg but did not document the number.

3 17. Respondent prescribed patient K.B. oxycodone 30mg #180 per month and
4 phentermine 37.5mg #30 per month from January of 2015 until June of 2015. In December of
5 2014 he received oxycodone #360, hydrocodone 10/325 #20 and Phentermine 37.5 #30.

6 **PATIENT P.M.**

7 18. Patient P.M. (DOB 4/29/1963), a then 51 year old female, had been seen in
8 Respondent's office prior but the medical records sent only date back to January of 2015. The
9 patient had multiple medical problems including migraine, insomnia, low back pain, spinal
10 stenosis, seizure disorder, anemia and diverticulitis. Her medications included atenolol,
11 Fioricet, Imitrex, Norvasc, oxycodone, Dilantin, Soma, Valium and Xanax. The patient fell
12 while on vacation in Hawaii and sustained injuries to her wrists, right shoulder and a left tibial
13 fracture. In July of 2015 she was diagnosed with diverticulitis with rupture and required a colon
14 resection. She continued to complain of abdominal pain afterwards and was readmitted in
15 September and November of 2015.

16 19. Respondent prescribed patient P.M. oxycodone 15mg #120-150 per month,
17 Soma #90, Xanax 2mg #90, Temazepam 30mg #30 and occasionally hydrocodone #45-60 from
18 February of 2015 until September of 2015. In October of 2015 she received Xanax 2mg #180,
19 Soma #90, oxycodone 15mg #300 and oxycodone 20mg #150. In November of 2015 she
20 received oxycodone 15mg #150, oxycodone 10mg #90, Temazepam 30mg #30, Soma #90 and
21 oxycodone 20mg #150.

22 **Case No. DO 16-0068A**

23 20. The complainant is the CMO of IASIS Healthcare, Dr. Teresa Bertsch. Dr.
24 Bertsch states patient K.C. died of asphyxia due to drowning on December 10, 2015. Her
25 toxicology was positive for lorazepam. She states the patient had a history of a mood disorder,
borderline personality disorder, multiple suicide attempts, controlled substance dependency,
chronic pain and obesity. She states the patient was prescribed opioids and benzodiazepines by
Respondent with no change in the dose or interval from July of 2015 until December of 2015.

21 21. She states that Respondent was contacted by a coordination of care physician at
22 the health plan in November of 2015, to discuss the patient's use of pain medication and
23 benzodiazepines in the context of her history of substance abuse and overdose attempts. She

1 notes Respondent agreed to review the patient's need for pain medication and, if still needed, he
2 would use a limited supply. She states Respondent also agreed to transfer the patient's
3 treatment for anxiety to her psychiatrist, which would include the prescribing of lorazepam.

4 22. She states the behavioral health notes indicate the patient was asked to taper off
5 her opioid by Respondent and she requested additional medication for anxiety. Respondent then
6 prescribed hydroxyzine. She notes the patient also reported she requested a weight loss
7 medication from Respondent and he referred her to the behavioral health clinic. She states the
8 patient received a prescription for phentermine from Respondent in September and October of
9 2015. Respondent also wrote K.C. prescriptions for Lorazepam 2mg #90 in November and
10 December of 2015 and filled a prescription for oxycodone 10mg #120 in November of 2015.

11 23. Patient K.C. (DOB 11/11/1966), a then 48 year old female, was first seen in
12 Respondent's office on December 15, 2014, to become established. The patient stated she was
13 unhappy with the care she had received at the behavioral health center. She also noted she
14 would like to discuss some anxiety medication. Her medications included Lamictal,
15 levothyroxine 25 mcg, Zoloft and Zyprexa. Her past medical history was significant for
16 depression, anxiety, hypothyroidism and bipolar disorder. Respondent prescribed Ativan 1mg
17 #68.

18 24. The patient returned on December 29, 2014 and laboratory was reviewed. She
19 was started on Crestor, Tricor, Topamax and Estrace. Ativan 1mg #30 was prescribed by
20 Respondent.

21 25. The patient returned on January 22, 2015 for follow-up. Respondent noted the
22 patient would need a pap and pelvic and mammogram. Her medications were refilled and she
23 was changed to Zocor.

24 26. The patient returned monthly and Respondent refilled her Ativan.

25 27. The patient was started on Norco 5/325 on March 19, 2015 when she complained
of low back pain.

26 28. In May of 2015, Respondent started the patient on chlorthalidone (Librium)
10mg for "bipolar disorder". On May 18, 2015 the patient called noting "the lithium is not
helping like she had hoped, and would like to continue the Ativan instead".

27 29. On June 11, 2015 the patient noted her psychiatrist had recommended she start
on Metformin for weight loss.

1 30. The patient called in distress in June of 2015, noting the behavioral health clinic
2 was not helping her with her depression and wanted Respondent to manage her depression. She
3 was seen in the office on June 29, 2015 and Respondent started her back on Zyprexa and
Remeron.

4 31. On July 20, 2015 the patient was seen and complained of pain in her lower leg.
5 Respondent started her on oxycodone 5mg #120. He noted he would consider a referral to a
6 psychiatrist as the patient was still unhappy with the behavioral health clinic.

7 32. Respondent started patient on Gabapentin on August 5, 2015. The oxycodone
8 was increased to 10mg on October 8, 2015 for right hip pain. Respondent noted he would
consider an MRI if the pain persisted.

9 33. The patient was seen on October 8, 2015 and was complaining her depression
10 was much worse since she had increased the lorazepam. She noted she “would like to go back
11 down to 35mg instead of 45mg”.

12 34. The patient returned on November 5, 2015 complaining of weight gain with her
13 psychiatric medications. Respondent noted “long discussion and research re several meds and
14 effects phentermine no effect because it’s such a problem for her so will increase Synthroid and
15 try Adderall. Pt aware of reasons for the mentioned meds and knows they aren’t for treating
associated pathologies. To follow closely see 2 weeks” [sic]. The patient was prescribed
16 Synthroid 75mcg and Synthroid 100mcg. She was started on Tofranil and Adderall 20mg.

17 35. The patient returned on December 7, 2015 noting her psychiatrist had changed
18 her medication to Wellbutrin from Remeron. She noted she was feeling very tired. Respondent
19 noted “Didn’t open her mail and didn’t know re pain clinics will try health center and desires to
wean off, I can’t help”.

20 36. The autopsy report performed on December 13, 2015, listed the cause of death as
21 asphyxia due to drowning/suicide. The patient left suicide notes and drowned in the bathtub.
22 Her toxicology screen was positive for lorazepam, oxycodone, ethanol, acetaminophen, multiple
anticonvulsants and antidepressants and dextromethorphan.

23 37. According to the pharmacy audit performed by Board staff from November 1,
24 2014-December 1, 2015, Respondent prescribed Ativan 1mg every month from December of
25 2014 until May of 2014. In May she was prescribed chlordiazepoxide 10mg #112 and then the
next month (June) she was changed to Ativan 2mg. She was prescribed Ativan 2mg #90 per

1 month until December of 2014. The patient was started on oxycodone 5mg #120 in July of
2 2014 and was continued monthly until October of 2014 when it was increased to 10mg #120.
3 The patient was also prescribed phentermine 37.5mg #30 in September and October of 2014.

4 38. According to the pharmacy audit performed by Board staff on patient K.C. from
5 December of 2014 until December of 2015, Respondent prescribed Ativan 1-2mg #90-#120
6 each month. He last prescribed Ativan 2mg #90 on December 7, 2015. He also prescribed
7 Librium #112 in May of 2015. He prescribed hydrocodone #60 in March and April of 2015.
8 He prescribed oxycodone 5mg #120 in July, August and September of 2015. He prescribed
9 oxycodone 10mg #120 in October and November of 2015. He prescribed Phentermine 37.5mg
10 #30 in September of 2015.

11 39. The medical records sent to the Board for review did not include laboratory
12 results or x-rays.

13 40. Respondent failed to perform UDS. Respondent did not enter into a controlled
14 substance agreement with patient K.C. and no pharmacy audit was performed.

15 41. Respondent failed to document the phone call/discussion with the coordination
16 of care physician at the health plan.

17 42. This was a complex patient with multiple serious psychiatric issues and most
18 likely beyond the scope of treatment by a primary care physician. Respondent attempted to
19 treat the patient's depression and anxiety because she stated she was unhappy with her current
20 care.

21 43. According to the medical record Respondent increased the patient's Synthroid to
22 a very high dose for weight loss.

23 44. Respondent continued to prescribe controlled substances to patient K.C. even
24 though he had been warned about her history of drug dependence and suicide attempts.

25 45. There are portions of Respondent's medical record for K.C. that are
indecipherable.

CONCLUSIONS OF LAW

Case No. DO 15-0118A and DO 15-0228A and DO 16-0068

1. The conduct and circumstances described above constitutes unprofessional
conduct pursuant to A.R.S. §32-1854(6), which states "Engaging in the practice of medicine in

1 a manner that harms or may harm a patient or that the board determines falls below the
2 community standard.”

3 2. The conduct and circumstances described above constitutes unprofessional
4 conduct pursuant to A.R.S. § 32-1854 (38), which states, "Any conduct or practice that
5 endangers a patient's or the public's health or may reasonably be expected to do so.”

6 **ORDER**

7 **IT IS HEREBY ORDERED THAT:**

8 1. License no. 0468, previously issued to William Curtis Stonecipher, D.O., for the
9 practice of osteopathic medicine in the state of Arizona, is **SURRENDERED**, and that William
10 Curtis Stonecipher, D.O. shall no longer engage in the practice of medicine in the state of
11 Arizona upon the effective date of this Order.

12 2. Any violation of this Consent Agreement constitutes unprofessional conduct and
13 may result in referral to the appropriate law enforcement agency.

14 3. Respondent agrees he shall not apply for an osteopathic medical license for a
15 period of at least five (5) years from the effective date of this Consent Agreement. The effective
16 date of this Consent Agreement is the date it is signed by the Board's Executive Director.



ISSUED THIS 7th DAY OF November, 2016.
STATE OF ARIZONA BOARD OF
OSTEOPATHIC EXAMINERS IN
MEDICINE AND SURGERY

By: Jenna Jones
Jenna Jones, Executive Director

1 **ORIGINAL** "Consent for Surrender of License" filed this 7th day of
2 November, 2016 with the:


3 Arizona Board of Osteopathic Examiners
4 In Medicine and Surgery
5 9535 East Doubletree Ranch Road
6 Scottsdale AZ 85258-5539

7 **COPY** of the foregoing "Consent for Surrender of License"
8 sent via mail this 7th day of November, 2016 to:

9 William Curtis Stonecipher, DO.
10 Address of record

11 **COPY** of the foregoing "Consent for Surrender of License" sent via
12 electronic mail this 7th day of November, 2016 to:

13 Jeanne M. Galvin, Assistant Attorney General
14 Office of the Attorney General SGD/LES
15 1275 West Washington
16 Phoenix AZ 85007

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19 #5369907
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